

STANDARD CERTIFICATE OF DEATH

State File No. **4641**
Registrar's No. **1160**

FILED MAR 17 1942

791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2309a So. 4th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Anna Ludwig**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Ludwig** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **May 15, 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **20** If less than one day hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **John Mathews**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bernice Stamm**

(b) Address **2309a So. 4th. Street**

17. (a) **Burial** (b) Date thereof **Feb. 9, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul.**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 So. Grand Blvd.**

19. (a) **FEB 9 1942** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2309a So. 4th. Street** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5th.**
year **1942** hour **1** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **January 25, 1942** to **Feb 4, 1942**
that I last saw her alive on **4-7-42** and that death occurred on the date and hour stated above. **1942**

Immediate cause of death **Apnea - Coma** Duration

Due to **nephritis, chronic**

Due to **Ch. myocarditis**

Other conditions **hemor. inf. of eye**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **1318**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Cem.**

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. F. Medeck** (M. D. or other)

Address **1405 S. Broadway** Date signed **2/6/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

100

Handwritten notes and scribbles, possibly including a signature or date.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis A. Williamson*

Licensed Embalmer No. *3565*

P.O. Address *7401 Zephyr Pl.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.